

## **Residential Habilitation**

**Definition:** Residential habilitation services include the care, skills training and supervision provided to individuals in a non-institutional setting. The degree and type of care, supervision, skills training and support of individuals will be based on the plan and the individual's needs. Services include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as personal grooming and cleanliness, bed making and household chores, eating and the preparation of food, and the social and adaptive skills necessary to enable the individual to reside in a non-institutional setting. Payments for residential habilitation are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code. Payment for residential habilitation does not include payments made, directly or indirectly, to members of the individual's immediate family. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider, or for activities or supervision for which a payment is made by a source other than Medicaid.

**Please note that individuals receiving Residential Habilitation cannot receive Companion Services through the MR/RD Waiver unless they reside in a SLP I. The definition of Residential Habilitation allows for services that Companion would provide. If an individual is assessed to need Companion Services while residing in a SLP I (and they also receive Residential habilitation), then Companion Services can be provided at times when Residential Habilitation is not being provided. For Residential Habilitation provided through a SLP I, one unit equals one hour of service.**

**Providers:** Residential habilitation services are provided by staff who work in SCDDSN sponsored residential facilities. These facilities must be licensed by SCDDSN or the SC Department of Health and Environmental Control (SCDHEC) and are classified as Community Training Homes I or II (CTH I or II), Supervised Living Programs I or II (SLP I or II), or Community Residential Care Facilities (CRCF).

**Arranging for the Services:** If the recipient resides in a SCDDSN sponsored residential facility and is determined to need the care, skills training, and supervision described in the Residential Habilitation Services definition, then the recipient's plan must clearly outline the habilitation services (i.e., care, supervision, skills training) to be provided along with the amount and frequency. Residential habilitation services do not include payment for room and board. For CTH I, CTH II, SLP II and CRCF, one unit of residential habilitation equals one day. One day is measured by the recipient's presence or absence as noted on the facility's daily census. For SLP I, one unit equals one hour of service as documented on the Individual Service Report.

Prior to adding Residential Habilitation to the Waiver Tracking System, you must first ensure the service is included on the STS and the location is correct. If residential habilitation is not already on the STS you cannot add it to the Waiver Tracking System.

Once you have ensured that the information is entered correctly onto the STS you may proceed with adding the service to the Waiver Tracking System (one unit equals one day of service except

in an SLP I where one unit equals one hour of service). Once the request is approved, Residential Habilitation Services can be authorized using the **Authorization for Services (MR/RD Form A-28)**. The **MR/RD Form A-28** authorizes the Residential Program to bill the local DSN Board provider for services rendered. If the recipient resides in a SCDDSN Central Office determined Alternative Placement, then the Authorization for Services process is not necessary.

Please note that when computing the units for Residential habilitation, if you are aware that the individual goes home every other weekend, then you would not include 365 units of residential habilitation on the budget. You would make the necessary adjustment.

**NOTE:** Please contact your supervisor for specific policy and procedural information about seeking residential placement.

**Monitoring the Services:** You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. The following criteria should be followed when monitoring Residential Habilitation.

- At least monthly for the first two months
- At least quarterly thereafter
- Start over with each new provider or location

Monitorship of this service may occur during contact with the individual/family or the provider of service. It may also occur during review of written documentation such as daily documentation on objectives and/or formal professional assessments. Some items to consider during monitorship include:

- Is the individual satisfied with his/her current residence?
- Is the apartment/home clean (sanitary)?
- Is the apartment/home in good repair?
- How often does the individual go home?
- Are there health/safety issues?
- Is there contact with family? What is the frequency?
- Does the individual have friends outside of the residential program?
- What type of recreational activities does the person participate in?
- What types of recreational activities does the residential program offer?
- Does the individual feel comfortable interacting with staff?
- Are there any new needs regarding Residential habilitation?
- How does the individual handle his finances?
- How much spending money does the individual get?
- How does the residential program account for the individual's money?
- What are the opportunities for choice given to the individual?
- What type of care and skills training is the individual receiving? Is the individual satisfied with the care and skills training?

- Are the training areas identified consistent with the individual's overall life goals?
- Is the individual making progress in training areas identified? If not, are goals and objectives reviewed and amended as needed?
- What is the level of supervision required?

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the consumer or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). The general termination form that has been used in the past for all waiver services is no longer used. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.

**S. C. DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS  
MR/RD WAIVER**

**AUTHORIZATION FOR SERVICES  
TO BE BILLED TO DSN BOARD**

**TO:** \_\_\_\_\_  
\_\_\_\_\_

**RE:** \_\_\_\_\_  
                    **Recipient's Name**                      /                      **Date of Birth**

\_\_\_\_\_  
**Address**

**Medicaid #**     /   /   /   /   /   /   /   /   /   /   /   /

*You are hereby authorized to provide the following service(s) to the person named above. Only the number of units rendered may be billed. Please note: This nullifies any previous authorization to this provider for this service(s).*

**Residential Habilitation**

Hourly:

Number of Units Per Week : \_\_\_\_\_

(one unit = 1 hour of service provided to someone in an SLP I setting)

Daily:

Number of Units Per Week \_\_\_\_\_

Number of Units Per Year \_\_\_\_\_

(one unit = 1 night (present at midnight) in a CTH I, CTH II, CRCF, or SLP II)

**REMIT BILL TO (Please print):**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Authorizing Services

\_\_\_\_\_  
Date